

UNITED STATES DISTRICT COURT  
for the  
Eastern District of Michigan

University Neurosurgical Associates,  
PC,

*Plaintiff,*

v.

Case No. 5:14-cv-10719-JCO-MKM  
Hon. John Corbett O'Meara

State Farm Mutual Automobile  
Insurance Company,

*Defendant.*

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**SUMMONS IN A CIVIL ACTION**

To: State Farm Mutual Automobile Insurance Company

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) - you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Milea M. Vislosky – NOT SWORN  
28470 W. 13 Mile Rd.  
Suite 300  
Farmington Hills, MI  
48334

If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. WEAVER, CLERK OF COURT

By: s/ T McGovern  
*Signature of Clerk or Deputy Clerk*



Date of Issuance: February 19, 2014

## Summons and Complaint Return of Service

Case No. 5:14-cv-10719-JCO-MKM  
Hon. John Corbett O'Meara

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: State Farm Mutual Automobile Insurance Company

Date of Service: \_\_\_\_\_

### Method of Service

\_\_\_\_\_ Personally served at this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Left copies at defendant's usual place of abode with (name of person):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Returned unexecuted (reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Fees:** Travel \$\_\_\_\_\_ Service \$\_\_\_\_\_ Total \$\_\_\_\_\_

### Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server: \_\_\_\_\_

Signature of Server: \_\_\_\_\_

Date: \_\_\_\_\_

Server's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_